

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/	3	/			
5	/	3	/			
6	/	0	/			
7	/	0	/			
8	/	0	/			
9	/	0	/			
10	/	0	/			
11	/	0	/			
12	/	0	/			
13	/	0	/			
14	/	0	/			
15	/	8	/			
16	/	8	/			
17	/	1	/			
18	/	1	/			
19	/	1	/			
20	/	2	/			
21	/	2	/			
22	/	0	/			
23	/	0	/			
24	/	0	/			
25	/	0	/			
26	/	0	1			
27	/	0	1			
28	/	0	1			
29	/	0	1			
30	/	0	1			
31	(1)	0	1			
32	/	1	/			
33	/	1	/			
34	/	1	/			
35			1			
36			1			
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11		11			
TOTAL DEP.	23	←	25	←		
TOTAL CLAIMS	34	34	34	34	34	34

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS